

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF INDIAN WELLS			
Division, Department, or Region (if applicable)			
Street Address			
44950 ELDORADO DRIVE			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
RODERICK J. WOOD, INTERIM CITY MANAGER			
Area Code/Phone Number	E-mail		
760/346-2489	rwood@indianwells.com		

2. Function, Event, or Ceremonial Role Information

Title BNP PARIBAS OPEN TENNIS Face Value of Each Admission \$ 82.00

Description TENNIS TOURNAMENT Date(s) 3 / 10 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: _____
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes: _____
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Staples, A.J.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Encourage Participation on Committees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

RODERICK J. WOOD

INTERIM CITY MANAGER

Print Name

Title

4-10-12
 (month, day, year)

For any additional information including amendment explanation.)